

**CANNABIS DISTRIBUTOR LICENSE APPLICATION**  
**APPLICATION FEE \$1000 (NON-REFUNDABLE)**

To pay the application fee by cash, contact the Bureau to schedule an appointment.

**SECTION A - APPLICANT/BUSINESS INFORMATION** Please provide the below business information for your cannabis license.

1. License Type Designation (Please check ONE):

☐ Adult-Use (A-license) ☐ Medicinal (M-license)

2. License Type (Please check ONE):

☐ Distributor (Type 11) ☐ Distributor - Transport Only (Type 13)

Transports, arranges for testing, and conducts quality assurance review of cannabis goods. A distributor - transport-only may not transport cannabis goods to a licensed retailer and may not engage in any other distributor activities.

3. Business Organizational Structure (Please check ONE)

☐ Sole Proprietorship ☐ Limited Liability Company ☐ General Partnership  
☐ Corporation (or foreign corporation) ☐ Limited Partnership ☐ Limited Liability Partnership

4. Name (sole proprietor first and last, all other business types legal business name) Doing Business As (DBA)

5. Business Premises Address	City	State	Zip Code
Mailing Address (if different from premises address)	City	State	Zip Code

6. Business Website	Email Address	Phone Number
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7. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN); or Business's Federal Employer Identification Number (FEIN)

**SECTION B - PRIMARY CONTACT PERSON** This will be the contact for any questions regarding this application, including the business's compliance with the track and trace program.

8. Name	Title	Phone Number	Email Address
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**SECTION C - DECLARATIONS**

9. Is the proposed premises located within a 600-foot radius of a school (K-12), day care center, or youth center.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you a federally recognized tribe or other sovereign entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have evidence of California Environmental Quality Act (CEQA) compliance or exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Applicant's California Department of Tax and Fee Administration Seller's Permit Number, if applicable. _____	If no Seller's Permit, do you attest that you (applicant) are currently applying for one? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does your company have 20 or more employees (not including supervisors) for the commercial cannabis business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", do you attest that you have entered into a labor peace agreement and will abide by the terms of the agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. The above listed business operated in compliance with the Compassionate Use Act of 1996 and its implementing laws before September 1, 2016.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION D - LIST OF OWNERS** An owner is defined as a person with an aggregate ownership interest of 20% or more, chief executive officer, member of the board of directors of a nonprofit, or an individual participating in the direction, control, or management of the applicant. All business owners must be listed, including yourself. Attach additional pages if needed. Each owner is required to submit an Owner Submittal form.

15. Name	Email	Ownership %	Title	
Mailing Address	City		State	Zip Code
Name	Email	Ownership %	Title	
Mailing Address	City		State	Zip Code

**SECTION E - NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS** (attach additional pages if needed)

16. Name	Date of Birth
Government ID Type	Government ID Number
Name	Date of Birth
Government ID Type	Government ID Number

**SECTION F - FICTITIOUS BUSINESS NAMES**

17. Business Name			
Address	City	State	Zip Code
Business Name			
Address	City	State	Zip Code

**SECTION G - LICENSING FEE DETERMINATION**

What is the maximum dollar value of your planned annual distribution operation in terms of the value of product expected to be distributed as determined in assessing the 15% excise tax pursuant to Revenue and Taxation Code section 34011?

**Distributor**

- |  |  |
|--|--|
| <input type="checkbox"/> Up to 2 million (\$1,200)                       | <input type="checkbox"/> Greater than 2 million to 8 million (\$5,000) |
| <input type="checkbox"/> Greater than 8 million to 80 million (\$36,000) | <input type="checkbox"/> Greater than 80 million (\$125,000)           |

**Distributor Transport Only Self-Distribution**

- |  |  |
|--|--|
| <input type="checkbox"/> Up to 2 million (\$500) | <input type="checkbox"/> Greater than 2 million to 8 million (\$2,000) |
|--|--|

**Distributor Transport Only**

- |  |  |
|--|--|
| <input type="checkbox"/> Up to 2 million (\$800) | <input type="checkbox"/> Greater than 2 million to 8 million (\$2,500) |
|--|--|

**SECTION H - REQUIRED ATTACHMENTS/ DOCUMENTS**

- ☐ Evidence of legal right to occupy and use the proposed premises location.
- ☐ Premises Diagram Form
- ☐ Business formation documents, including all documents filed with the CA Secretary of State (SOS). Foreign corporations must include a copy of the Certificate of Qualification from the SOS.
- ☐ Evidence of premises compliance with local jurisdiction, if answered "Yes" to question 9.
- ☐ Labor peace agreement or notarized statement indicating that you will enter into and abide by the terms of a labor peace agreement, if answered "Yes" to question 13.
- ☐ Limited sovereign immunity waiver, if answered "Yes" to question 10.
- ☐ Evidence of exemption from, or compliance with, the California Environmental Quality Act.
- ☐ Proof of commercial general liability insurance in the aggregate of no less than \$2 million and no less than \$1 million for each loss.
- ☐ Financial Information Form
- ☐ Proof of surety bond in the amount of \$5,000, payable to the State of California.
- ☐ Transportation procedures
- ☐ Inventory procedures
- ☐ Non-Laboratory Quality control procedures
- ☐ Security procedures
- ☐ Evidence of compliance with the Compassionate Use Act of 1996 and its implementing laws before September 1, 2016, if answered "Yes" to question 14.

**AFFIRMATION AND CONSENT**

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Signature	Printed Name	Date Signed
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Office Use Only

CLEaR Application Record Number:

**See Disclosures on the Next Page**

## DISCLOSURES

### Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

### Social Security Number/Individual Taxpayer Identification Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

### State Tax Obligation

Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

### Owner(s) Mailing Address(es)

The Bureau sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

### Financial Information

To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business that is not qualified as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and type of government issued identification and identification number.

### Premises Location

Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application and required documents.

### Access to Personal Information

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. To do so, please contact CJ Croyts-Schooley by phone at (833)768-5880, by e-mail at [bcc@dca.ca.gov](mailto:bcc@dca.ca.gov) or by physical mail at Department of Consumer Affairs – Bureau of Cannabis Control, 1625 North Market Blvd, Suite S-202, Sacramento, CA 95834.

### Public Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, the Bureau discloses licensee information including, but not limited to:

- Name
- Mailing address
- License number
- License status
- Original license issue date
- Last license renewal date
- License expiration date
- Disciplinary action
- Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)